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HEADQUARTERS

UNITED STATES ARMY FORCES IN THE FAR EAST
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CIRCULAR LETTER NO. 21

APO 501

6 June 1945

CURRENT STATISTICAL HEALTH REPORT

1. Central Medical Records Office, for reports, records and statistics of the Medical Department in the Southwest Pacific Area, is located in the Office of the Chief Surgeon, Hq USASOS, APO 707. The following instructions are prepared in accordance with Letter, this headquarters, Subject: "Medical Department Reports", File FEXM 321, dated 2 August 1944.
2. The Current Statistical Health Reports will be prepared and submitted to Central Medical Records Office, in accordance with AR 40-1080, 10 December 1943, Changes 1, 2, 3 and 4, as amended by Memorandum No. 40-45, War Department 20 April 1945, Circular No. 43, War Department 1944, War Department Technical Bulletin No. 92, 1944, with the following adaptations essential to this theater and modifications required by the major commands.
3. Major commands as used in the following paragraphs will be interpreted to mean: Sixth Army, Eighth Army, Far East Air Forces, 14th Antiaircraft Command, Replacement Command USAFFE, Military Police Command, USASOS Bases, Australia Base Section, Engineer Construction Command, and separate corps, brigades or units.
4. In accordance with Paragraphs 6b (2), 7b (2) and 16, AR 40-1080, and Memorandum, Surgeon General's Office, Washington, D.C., Subject: "Statistical Health Report, Form 86ab, from South Pacific and Southwest Pacific Theaters of Operations", dated 25 September 1943, the senior surgeons of major commands will consolidate the Statistical Health Reports, when applicable, by areas as follows: (1) Australia (2) New Guinea and nearby Islands and (3) Philippine Islands. In the event of future operations, areas not located within the above-mentioned geographical locations, will be consolidated and transmitted separately to the Central Medical Records Office.
5. The complete Statistical Health Report will be rendered weekly on WD MD Form 86ab and will cover the period from Friday midnight of the previous week to Friday midnight of the current week.
6. The complete Statistical Health Report, WD MD Form 86ab, will be prepared by the surgeon of every unit attended by a medical officer and will be forwarded within 36 hours of the end of the report period.

a. All hospitals and divisions will prepare reports in quadruplicate.

- (1) The original and one duplicate copy will be forwarded through medical channels for consolidation in such administrative offices as may be directed by the surgeons of the major commands. The duplicate report of each hospital and division will be attached to the Consolidated Report of the major command to which the hospital or division is attached or assigned.

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(2) One copy of each hospital and each division report will be forwarded direct to Central Medical Records Office.

(3) One copy will be retained by the reporting unit.

b. All other units attended by a medical officer will prepare reports in duplicate.

(1) The original will be forwarded through medical channels for consolidation in such administrative offices as may be directed by the surgeons of the major commands.

(2) One copy will be retained by the reporting unit.

c. The complete Consolidated Statistical Health Report of the major commands will be forwarded to Central Medical Records Office within three weeks of the end of the report period. When a unit report is received too late for inclusion in the Consolidated Report, this fact along with the approximate strength of the unit not incorporated in the Consolidated Report will be recorded under "Remarks" or on an attached sheet. A corrected Consolidated Report will show the approximate strength reported. Much value of the report lies in its prompt rendition. Therefore, the responsible officer should take necessary action to assure its prompt rendition by the units of the command.

7. In addition, in order to insure the most expeditious transmission of information concerning hospitalization, the items in Paragraph 8 below will be prepared by each hospital and clearing station operating as a hospital and will be forwarded as directed.

8. The Abbreviated Statistical Health Report will be rendered in two parts and will include the following items which will be coded by using the capital letters, A, B, etc., shown below. Reports will not be delayed due to failure to receive the required information from isolated units, but each incomplete item must be so identified and the degree of completeness must be stated. Every effort will be made to secure prompt rendition of all items. Corrected reports covering items incompletely reported will be submitted as soon as the information becomes available.

a. Part I - The following items will be forwarded by radio or similar means of communication to the surgeon of the major command within 12 hours after the end of the report period:

A - Unit to which the report pertains (196 Gen Hosp).

B - Last day of report period (15 June).

P - T/O bed capacity as follows: PA - T/O capacity of hospital (fixed 1000, nonfixed 400, clearing station hospital 200) as applicable. PB - T/O capacity of hospital units operating. If none are operating, the item will be shown as O.

Q - Patients remaining in hospital. QA - Patients in fixed hospitals (US Army 896, Prisoners of War 12, Others 96). QB - Patients in nonfixed hospitals (US Army 237, Prisoners of War 0, Others 0). QC - Patients in US Army hospitals for other than US Army personnel (Prisoners of War 233, Others 266). QD - Patients in clearing station hospitals (US Army 96, Prisoners of War 6, Others 1).

b. Part II - The following items will be forwarded by air mail or some other expeditious means within 12 hours from the end of the report period to the surgeon of the major command.

- A - Unit to which the report pertains.
- B - Last day of report period.
- D - Direct admissions to hospital plus transfers from non-hospital medical installations since last report (disease 526, non-battle injury 86, battle casualty 56).
- F - Dispositions to duty from hospital since last report (General service: disease 262, non-battle injury 42, battle casualty 22. Limited service: disease 3, non-battle injury 1, battle casualty 1).
- G - Evacuated to Zone of Interior since last report (disease 56, non-battle injury 10, battle casualty 16).
- J - Deaths in hospital since last report (disease 1, non-battle injury 2, battle casualty 3).
- L - Patients remaining in hospital on last day of report period (disease 284, non-battle injury 83, battle casualty 62).
- R - Percent of US Army strength remaining in hospital on last day of report period (6.43).
- S - Cases of communicable diseases of threatening epidemic proportions or of special interest (malaria 12, scrub typhus 4, schistosomiasis 8, dengue 14, infectious hepatitis 12, venereal diseases 11, common diarrhea 15, dysentery bacillary 1, dysentery amebic 3, amebic infection, non-intestinal 5, entameba histolytica carrier 2, dysentery unclassified 2, poliomyelitis 1, etc.).

9. The major commands will consolidate the abbreviated reports received in accordance with Paragraph 8 above and will forward them as follows:

a. Part I will be forwarded by radio to reach CG USASOS not later than 3 days after the last day of the report period.

b. Part II will be forwarded by air mail or other expeditious means of communication to reach Central Medical Records Office, Office of the Chief Surgeon, USASOS, APO 707, not later than two weeks after the last day of the report period.

10. The items in Paragraph 8 will be prepared in accordance with the provisions of AR 40-1080 except as modified below:

a. Items D, F, G, J, L, R, and S include US Army personnel only. These items will include data for all US Army personnel present in the theater for whom medical service is provided.

b. Item D will include all direct admissions to hospital (Line 3, Form MD 86ab) and all patients transferred to hospital from non-hospital medical installations such as a dispensary, aid station, or clearing station when not operating as a hospital.

c. Item G will include all persons actually evacuated to the United States.

d. Hospital units will be reported as fixed or nonfixed (Item P, Part I) in accordance with AR 40-1080, Change 2, Paragraph 36b, 1 and 2. Clearing station hospitals will be shown separately. Convalescent hospitals will be considered nonfixed hospitals. Field hospitals will be considered to be fixed hospitals unless specifically authorized otherwise by the War Department.

e. Hospital units will be considered as present in a major command as soon as they are included in the strength of the major command and will included in Item P.

f. Hospital units operating (Item PB, Part I) are those which are actually ready to receive patients.

g. Hospitals for other than US Army personnel are authorized units for the care of personnel such as prisoners of war or civilians in occupied countries. (Item QC, Part I).

h. Whenever there is a separate authorization of hospital units for Allied personnel, Items P and Q, Part I, concerning such authorization will be reported separately.

i. Item S will include the number of cases, as required by Column 2, Part IX, Statistical Health Report, of any communicable diseases which are of special interest or which threaten to become of epidemic proportions. It will also include any reportable condition which may be specifically required. Consolidated Abbreviated Report will include breakdowns of communicable diseases by major commands as follows:

BREAKDOWN OF CASES OF COMMUNICABLE DISEASES BY COMMAND

Disease	6th Army	8th Army	FEAF	Repl Com	14th AAA	USASOS	Mil. Police Com	ATC	EN-COM	Others as Applicable
Malaria										
Dengue										
Scrub typhus										
Schistosomiasis										
Infect. hepatitis										
Venereal diseases										
Common diarrhea										
Dysentery, amebic										
Amebic infection, non-intestinal										
Entameba histolytica carrier										
Dysentery, bacillary										
Dysentery, unclass.										
Others										

BREAKDOWN OF TOTAL CASES OF COMMUNICABLE DISEASES BY PRINCIPAL
AREA WITH THE STRENGTH SHOWN FOR EACH AREA

Example:

Area	Leyte	Mindoro	Cebu	Panay	Luzon	Biak
Strength	36067	12486	8423	4285	83232	1428
Malaria						
Dengue						
Scrub typhus						
Schistosomiasis						
Infect. hepatitis						
Venereal diseases						
Common diarrhea						
Dysentery, amebic						
Amebic infection, non-intestinal						
Entameba histolytica carrier						
Dysentery, bacillary						
Dysentery, unclass.						
*Others						

* Any communicable or parasitic disease of unusual prevalence or epidemic proportions. For example, poliomyelitis, cholera, plague, etc.

j. Item F, "Limited Service", will include only officers disposed of to limited duty by a hospital disposition board.

11. Paragraph 10, AR 40-1080, is further qualified as follows: FINAL, CORRECTED, AND INITIAL REPORTS. - Statistical reports when rendered should be properly designated according to phase of organizational activity, purpose or time interval; viz: INITIAL REPORT: CORRECTED REPORT: FINAL REPORT: AND ROUTINE WEEKLY REPORT.

a. In submitting any of the first three, the type of report applicable is shown by typing in the correct title immediately below the heading "STATISTICAL HEALTH REPORT".

b. INITIAL REPORTS will be rendered by each new unit immediately upon arrival or activation in the Southwest Pacific Area, and by each unit upon change of command from one to another of the major commands.

c. FINAL REPORTS will be rendered by units being inactivated or departing from the SWPA, and by each unit upon change of command from one to another of the major commands. Care must be taken to see that the FINAL REPORT is correct in every detail as the necessary data to compile the report may become lost or delayed.

12. PATIENTS IN OTHER THAN US ARMY HOSPITALS. US Army personnel admitted to AUSTRALIAN CIVILIAN OR MILITARY HOSPITALS, or other CIVILIAN HOSPITALS, or US NAVY HOSPITALS (When US Army hospitalization is not available) will be disposed of on the unit dispensary Statistical Report 86ab, as though the

patient were in a US Army hospital. The nearest US Army hospital will account for the patient exactly as though the patient were in the US Army hospital, except that the patient will not be shown in the Table "Total Beds Occupied on Last Day of Period" or in Table "(Q) Bed Status", but instead the name of the Australian hospital or Navy hospital and the name, rank, and serial number of the US Army patient will be shown under "Remarks". In case there is no US Army hospital in the vicinity, the unit from which the patient was transferred will show in the 86ab, the patient from its command hospitalized in a Navy medical installation, Australian civilian hospital or military or other civilian hospital. The patients will be shown in Section II, Hospital Column, Line 3, and will be disposed of as either to duty, transfer or death, or carried as remaining. The patients will be shown in all other sections applicable except IV and VII. Under "Remarks" a statement will be made to explain the entries.

13. Paragraphs 29b and c, AR 40-1080, are further qualified as follows:

a. Psychiatric cases - These will include army patients with alcohol's alcoholism, anxiety, drug addiction, emotional immaturity, exhaustion, habit disturbance, hysteria, ill defined condition of personality, mental deficiency, neurasthenia, neurocirculatory asthenia, neurotic traits, obsessive compulsive, operational fatigue, psychoneurosis, psychopathic personality, psychosis, reactive depression, simple adult maladjustment, situational reaction.

b. Organic neurological diseases - These will include army patients with ataxia, chorea, combined system disease, encephalitis, encephalopathy, epilepsy, ill defined condition of nervous system, meningitis, migraine, myelitis, narcolepsy, neuritis, neurosyphilis, palsy, paralysis agitans, poliomyelitis, radiculitis, sclerosis, syringomyelia, etc.

14. In accordance with Paragraphs 29 and 34, AR 40-1080, because of insufficient time to arrive at a correct diagnosis, neuropsychiatric and communicable disease cases informally transferred from nonhospital medical installations will not be reported in the tabulation of "Army neuropsychiatric cases (Part III) or communicable diseases (Part IX) by the transferring unit, but will be reported by the receiving unit (hospital or clearing station hospital) under "direct" admissions (Column 2, Part III), and cases added by direct admissions and change of diagnoses (Column 2, Part IX), respectively.

15. Paragraph 34, AR 40-1080, is further qualified by extracts from War Department Technical Bulletin, Medical 92, as follows:

a. "It is important that reporting of communicable diseases be accurate and complete as possible. In some instances, the admission diagnosis is hastily made and may be changed within 24 to 48 hours after admission. When change is made before the closing date of the report, the revised diagnoses, rather than the admission diagnosis will be entered on the Statistical Health Report".

16. Paragraph 35, AR 40-1080, is further qualified by extracts from War Department Technical Bulletin, Medical 92, as follows:

a. "Typhus fever - The type of disease will be specified (epidemic, endemic, scrub typhus, or tsutsugamushi fever)".

b. "Hepatitis, infectious - A majority of stations are still reporting this disease as 'jaundice'. While the etiology of this disease is

still unknown and the diagnosis must usually be made by exclusion, it is desired that the terminology 'infectious hepatitis' be used in preference to 'jaundice' or 'catarrhal jaundice' for all cases conforming to the pattern of this disease".

c. "Reactions to drugs, serums and vaccines - A common error is to report personnel admitted for treatment of reactions to triple typhoid vaccine or tetanus toxoid as cases of typhoid fever or of tetanus. This leads to much unnecessary correspondence. Cases of reactions to drugs, serums, and vaccines will not be reported in Part IX, Communicable Diseases, of the Statistical Health Report".

d. "Because of their rarity, a number of other communicable diseases are not listed in Part IX. These diseases will nevertheless be reported whenever diagnosed".

e. "The following conditions while not communicable, will nevertheless be shown under 'Special - not listed' whenever they occur: (1) Trench foot (2) Immersion foot and (3) Gas gangrene".

17. It is desired that Line 60, "Dysentery, amebic", Section IX, Communicable Diseases, include only those cases with clinical symptoms of amebic dysentery confirmed by laboratory diagnosis. Cases of diarrhea in which amebic cysts are found as incidental intestinal parasites will not be classified as amebic dysentery. Other cases of amebic infection will be reported under "Special - not listed", Section IX, as follows:

- a. Amebic infection, non-intestinal.
- b. Entameba histolytica, carrier.

18. Paragraph 19, AR 40-1080, Change 4, reads as follows:

a. "Admissions, dispositions and total number of Army patients under treatment (Patient's Table) --a. General. - It must be borne in mind that the Patient's Table (Part II on the form) accounts for Army patients only, and furthermore, that the table deals with patients as individuals. Each admitted patient will appear only once in the Patient's Table of the reporting unit until he is disposed of, but he may appear, while under treatment, as a case one or more times in the tabulations of neuropsychiatric cases and communicable diseases (Parts III and IX). See Paragraphs 29 and 34. Only the following types of patients will be counted as 'admissions' when preparing the Statistical Health Report:"

- (1) Army personnel admitted to a medical installation and not returned to duty within the same day; that is, known to be remaining on an excused from duty status as of 2400 hours on the day of first reporting for medical care.
- (2) Army personnel carded for record only as follows: (See Paragraphs 24 and 32.)
 - (a) Deaths (except KIA) of personnel not currently under medical care.
 - (b) Venereal disease cases, not previously treated for the same current condition by any Army medical installation as an Army case, which are treated on an out-patient (duty) status."

b. "Dispositions.--Patients discharged during the report period will be classified under 'Dispositions' as duty, transfers, deaths, otherwise, or hospital to or from quarters. Duty will include all patients returned to duty. Transfers will include all patients formally or informally transferred by the reporting unit to other units. Deaths will include all patients who died while under Army medical care and also all deaths carded for record only, except individuals killed in action (KIA). (See Paragraphs 24 and 32.) 'Otherwise' will include AWOL in excess of 10 days, venereal disease cases carded for record only, and any other disposition not specifically mentioned. (See Paragraphs 19b and 24). The 'hospital to or from quarters' line will be used only by hospitals. See Paragraph 20b, AR 40-1080, Change 4."

19. Patients remaining in a dispensary more than 24 hours and then transferred from the dispensary to a hospital will be disposed of by the dispensary as "transferred", Line 8 under "Quarters", Section II. Patients with communicable diseases or neuropsychiatric diseases treated in quarters and then transferred to a hospital will be reported as direct admissions by the treating dispensary.

20. Paragraph 24, AR 40-1080, Change 4 reads as follows:

"Persons carded for record only.--a. General. - Persons carded for record only for reasons other than those set forth in Paragraph 19a (2) will not be reported on the Statistical Health Report even though an individual medical record is prescribed. (See AR 40-1025 for a complete discussion of the types of cases to be carded for record only). Carded persons will be reported by all medical installations (hospital or dispensary) as direct admission under the 'hospital' column. Carded deaths will be reported only by the medical installation responsible for their carding and disposed of as 'deaths' under the 'hospital' column. Carded cases of venereal disease will be disposed of as 'otherwise' under the 'hospital' column. KIA casualties will not be included in the Patient's Table. (See Paragraph 32.)"

21. Paragraph 36i, AR 40-1080, Change 2, reads as follows:

"i. Beds in dispensaries.--The number of beds set up and made ready for use in dispensaries and the number of such beds occupied on the last day of the report period will not be included in the tabulation of 'bed capacity', and 'beds occupied' (Part VII), or 'Patients occupying beds' (Part IV), but will be shown only in 'Remarks' (Part VII), and in no other place on the form. The information will be entered as: Dispensary beds . Dispensary beds occupied ." (Number) (Number)

22. Paragraph 36k, AR 40-1080, Change 2, reads as follows:

"k. Beds in venereal disease facilities.--The number of beds set up and made ready for use in venereal disease facilities and also the number of such beds occupied on the last day of the report period, regardless of whether the patients are treated on a duty or hospital status, will be shown only in 'Remarks' (Part VII) and nowhere else on the form."

23. Line 38, "Remarks" on the complete Statistical Health Report, will include the following:

a. Anything on Form 86ab that needs amplifying.

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b. Explanation of Line 4, "Transfers", on Form 86ab, Transfer from nonhospital medical installations, inter-hospital transfers within the major command and hospital transfers received from other major commands) which will be broken down as in the following example:

	<u>Disease</u>	<u>Injury</u>	<u>Battle Casualty</u>
1. Transfers from nonhospital medical installations.	346	22	48
2. Transfers from hospitals within the major command.	101	10	13
3. Transfers from Base "M"	22	1	4
4. Transfers from Sixth Army hospitals.	11	4	86

c. Explanation of Line 8 on Report Form, "Transferred" will be shown as follow:

	<u>Disease</u>	<u>Injury</u>	<u>Battle Casualty</u>
Evacuated to US	101	3	16
Evacuated to POA, CBI or SPA as applicable	0	0	0

d. Explanation of units not included in the report with approximate strength as follows:

<u>Unit not included</u>	<u>Approximate Strength</u>
868th AAA Battalion	862
386th Station Hospital	103
Total	965

e. The mean strength, Part I, will be broken down by principal areas as shown in Paragraph 10i, as follows:

<u>Area</u>	<u>Strength</u>
Layte	46482
Hollandia	2486
Luzon	86482
Total	135450

f. Any differences between the complete Statistical Health Report and the Abbreviated Reports, Part A and B, will be explained under "Remarks".

g. The strength of non-theater units attached to the major commands".

h. All cases of AWOL or carded for record only for venereal disease, disposed of under "Otherwise" in the Patient's Table, will be explained under "Remarks" as follows:

AWOL	2
Carded for record only for venereal disease	15

i. A breakdown of deaths, Line 9 (J), is no longer required.

24. In addition to the regular Statistical Health Report which includes all personnel, all dispensaries and hospitals treating or hospitalizing WAC personnel will prepare a separate Form 86ab including only the WAC personnel in Sections I, II, III, V, VI, IX and X. This report will be forwarded direct to Central Medical Records Office within 36 hours after the end of the report period.

25. Paragraph 19, Circular No. 43, War Department, dated 1 February 1944, reads as follows:

a. "Statistical Health Report for prisoners of war.--a. - A separate weekly Statistical Health Report, WDMD Form No. 86ab, will be prepared by the surgeon responsible for medical care in each permanent prisoners of war camp and will deal only with the health and hospitalization status of the prisoners of war (PW). This report will be forwarded directly to the Surgeon General."

b. "The prisoners of war report will be prepared in the same manner as that prepared for Army personnel with the following exceptions:

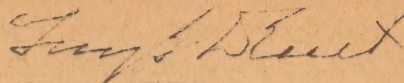
- (1) Line (A) 86ab will show in parenthesis after the designation and location of the unit the nationality of the prisoners of war and the letters "PW".
- (2) The mean strength of the prisoners of war will be reported in Part I of the Form 86ab under "Total army".
- (3) In reporting the number of patients occupying beds on the last day of the report period (Part IV of the Form 86ab), only Lines 23 and 24 will be completed.
- (4) In reporting hospitalization data (Part VII of the form), only the blanks relating to the number of beds for PW on Line 36 will be completed."

26. Paragraph 38, AR 40-1080, is further qualified as follows:

a. In cases of unusual epidemic diseases or when any communicable disease prevails to an unusual extent, a radiographic report will be sent to the Commanding General, United States Army Forces in the Far East, with information copies to the Commanders of intermediate commands and to the Commanding General of the major commands (Army Air Forces, Services of Supply, etc.). This radiogram will include number of cases, diagnosis and the geographic location of the outbreak.

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27. Recission: Circular Letter No. 4, Hq USAFFE, Office of the Theater Surgeon, 13 January 1945, is rescinded.



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Distribution:

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By courier to major command,
section and base surgeons.

By mail to all other surgeons
and units concerned with
the care of patients.

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